

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11859 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Julia E. Ayres

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Thomas D. Ayres7. Birth date of deceased (mo., day, yr.) September 10 - 1880 6. (c) If alive, give age _____ years8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Oak Hall, Accomack Co.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name George Washington13. Birthplace Virginia14. Maiden name Charlton N. Thomas15. Birthplace Virginia16. Informant Mrs. Alice MasonAddress Pocomoke Md.17. Burial Date thereof Nov 18 - 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Wesley's CemeteryLocation Mear's Va.18. Funeral director Henry H. DuttonAddress Pocomoke Md.19. Nov. 19 - 1948 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1948 at 11:10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26 October 1946 to 15 October 1948
and that I last saw her alive on 15 November 1948Immediate cause of death Cerebral
hemorrhage with hemiplegia DURATION from 8 weeksDue to Essential Hypertension, severe yearsDue to Arteriosclerosis, generalized, severe yearsOther conditions Anemia, moderate months
Arthritis, hip, marked years
Chronic sinusitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mens of injury Injured at work?

23. SIGNATURE J. E. Subman, Jr. M. D. or otherAddress Pocomoke, Md. Date signed 18 Nov. 48.

RECEIVED

NOV 20 1942

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11860

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)Street No. 208 Cedar Street
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

George T. Blades

3. (b) Social Security Number

—

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Minnie V. Blades6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) August 21, 18678. AGE: Years 81 Months 3 Days 0 If less than one day — hrs. — min.9. Birthplace Pocomoke, Worcester Md.
(Town, county, and state)10. Usual occupation Agent11. Industry or business Farmer & Planter12. Name William Blades13. Birthplace Md14. Maiden name Emmett Patman15. Birthplace Maryland16. Informant Mrs. K. Jarvey LittletonAddress Pocomoke City Md17. Burial Date thereof Nov 24, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Bethany M. E. CemeteryLocation Pocomoke Md18. Funeral director Henry H. WatsonAddress Pocomoke Md19. Nov 23 19 48 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948 8:50 P.

21. I CERTIFY that death occurred on the date above stated; that it ended deceased from

Nov 12, 1948, to Nov 21, 1948and that I last saw him alive on Nov 21, 1948Immediate cause of death Cerebral hemorrhage DURATION 3 daysDue to ArteriosclerosisDue to ArteriosclerosisOther conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. C. Antons M. D. or other —Address Pocomoke City Md Date signed 11/22/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED

NOV 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157a

11861

351

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....
(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19.

(Date rec'd by registrar)

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Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/15/48.....19.....to.....11/27/48.....19.....

and that I last saw him alive on.....11/23/48.....19.....

Immediate cause of death.....

DURATION

Hydrocephalus.....

Life

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....

RECEIVED

NOV 29 1948

BUREAU V. S.

...Date signed 11/23/48...

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11863
355

1. PLACE OF DEATH:

County... Worcester
 City or town... Berlin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md County... Worcester
 City or town... Berlin, md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... no
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no

3. (a) FULL NAME

Mary Brittingham

3. (b) Social Security Number

no

4. Sex female 5. Color of race a.a. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Benjamin Brittingham

yes yes 6.(c) If alive, give age 1889 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 79 Months - Days - If less than one day hrs. min.

9. Birthplace Berlin, md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name Daniel Ayers

13. Birthplace Berlin, md

14. Maiden name Laura Pitts

15. Birthplace Berlin, md

16. Informant Benjamin Brittingham

Address Berlin, md

17. Burial Date thereof 11-21-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin, md

18. Funeral director James H. Stewart

Address Salisbury, md

19. 11-21-48 Helen F. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 Nov 19 48 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Jan 19 47 to 15 Nov 19 48

and that I last saw him/her alive on 15 Nov 19 48

Immediate cause of death Pulmonary Edema & Anoxia

Due to Rheumatoid

Valvular heart disease

Due to 1 1/2 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herman H. Robinson M. D. or other

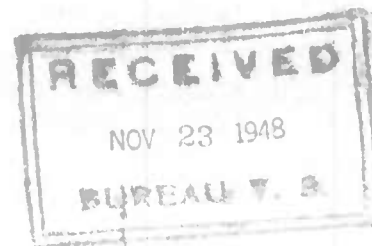
Address Berlin, md Date signed 20 Nov 48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11864
355

1. PLACE OF DEATH:

County Worcester

City or town Berlin R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Worcester

City or town Berlin R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Severell James Brittingham

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Mary Brittingham
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 11-4-1885

8. AGE: Years 63 Months 0 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Berlin Worcester Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Mrs. C. J. Brittingham

13. Birthplace Maryland

14. Maiden name Mary Catherine Smuck

15. Birthplace Maryland

16. Informant Mrs. Severell Brittingham

Address Berlin Md R.F.D.

17. B - Date thereof 11/21/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Riverside

Location Berlin Md R.F.D.

18. Funeral director James A. Burboon

Address Berlin Md

19. 11-21- 48 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1948 at 12³⁰ PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-18 1948 to 11-19 1948

and that I last saw him alive on 11-18 1948

Immediate cause of death Cardiac arrhythmia DURATION _____

Due to Chronic Myocarditis

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Clifford E. Selig M.D. M. D. or other _____

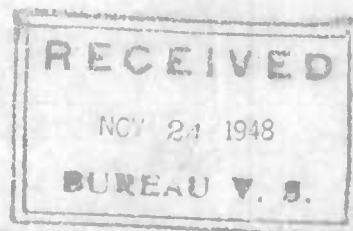
Address Harris Md Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1948-11-19
63-0-15-
1885-11-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11865

353

1. PLACE OF DEATH:

County Worcester
City or town Bishop, Md. R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County WORCESTER
City or town Bishop R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (c) If veteran, name war

3. (a) FULL NAME

Annie Esham

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife King W. Esham

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1883 6. (c) If alive, give age years

8. AGE: Years 65 Months Days If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Sidney L. Hudson

13. Birthplace Del.

14. Maiden name Mother Bunting

15. Birthplace Del.

16. Informant King Esham

Address Bishop, Md.

17. Burial Date thereof Dec. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Red men's

Location Seebright, Del.

18. Funeral director Henry W. Watson

Address Pocomoke City, Md.

19. Nov. 30 19 48 Wm. H. Roy Bergey
(Date rec'd by registrar) (month) (day) (year) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 19 48 at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 19 48 to November 28 19 48 and that I last saw him alive on Nov. 28 (3 P.M.) 19 48

Immediate cause of death

Cardiac Decompensation DURATION 1 week

Due to Arteriosclerotic heart 1 yr.

Due to Dissection

Other conditions Pulmonary tuberculosis 2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Garrett Hume Mc

Address Seabrook, Del. Date signed Nov 29 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU F. B. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11866

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
605 Laurel Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No. 605 Laurel Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ELNORA FRANCES GUNBY

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Raymond Gunby

7. Birth date of deceased (mo., day, yr.) December 25, 1886 6.(c) If alive, give age years

8. AGE: Years 61 Months 10 Days 18 If less than one day hrs. min.

9. Birthplace Pocomoke-Worcester-Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Addison Ward

13. Birthplace Wardtown, RFD 3

14. Maiden name Amanda Manuel

15. Birthplace Pocomoke, City, Maryland

16. Informant Cecie Manuel

Address Brynmawr, Pennsylvania

17. Burial Burial Date thereof Nov. 17, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hall's Hill cemetery

Location Pocomoke, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Nov 17 1948 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13/48 1948 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 26 1948 to 11/13/48

and that I last saw him alive on 11/12/48 1948

Immediate cause of death Coronary disease DURATION Instantaneous

Due to Hypertension SK.

Due to

Other conditions Heart failure of left ventricle SK.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. Anderson M. D. or other

Address Pocomoke City, Md Date signed 11/16/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Bla
CERTIFICATE OF DEATH

11867

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Wicomico
 City or town Snow Hill Rural # 2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Snow Hill Rural # 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2(a) If veteran, name war 70

3. (a) FULL NAME

Jennie P. Hammond

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John W. Hammond

7. Birth date of deceased (mo., day, yr.)

July 10-18-73

6. (c) If alive, give age years

8. AGE:

Years 75 Months 3 Days 28 hrs. min.

9. Birthplace

Griffith, Summit, Md

10. Usual occupation

Homemaker

11. Industry or business

Own Home

MOTHER

FATHER

12. Name

Selmon Bethel

13. Birthplace

Maryland

14. Maiden name

Mahala Gray

15. Birthplace

Maryland

16. Informant

Mrs Albert Tucker

Address

Snow Hill, Md Rural # 2

17. (Burial, cremation, or removal, which?)

Burial

Date thereof Nov. 10/48

Cemetery or crematory

Whatcoat

Location

Snow Hill, Md

18. Funeral director

L. Ray Smith

Address

Snow Hill, Md

19. (Date rec'd by registrar)

11/9/48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1948 to Nov. 8, 1948 and that I last saw her alive on Nov. 7, 1948

Immediate cause of death Cerebral Vascular Accident. DURATION 2 days

Due to Hypertensive Cardiovascular renal disease. 10 yrs.

Due to Thrombocytopenic Purpura 6 mos.
 Other conditions Thrombocytopenic Purpura
 (Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

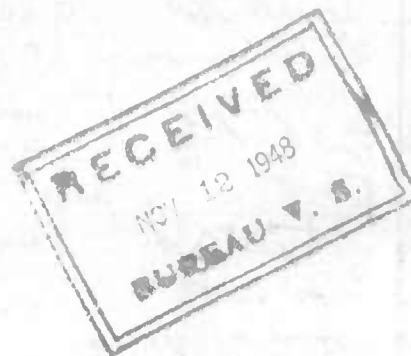
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. LaMar, M.D.
 Address Snow Hill, Md Date signed 11.9.48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR ADDITION
#22 IS ON:

FILE No. 9 118 JAN 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11868

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
City or town Boston MA R2D
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MA County Worcester
City or town Boston Newark
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Cleveland Jones

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced M.

6. (b) Name of husband or wife Florence Jones

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1884

8. AGE: Years 64 Months 0 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Powdermill W. Mass. C. ind
(Town, county, and state)

10. Usual occupation Poultryman

11. Industry or business

12. Name Cornell Jones

13. Birthplace ind

14. Maiden name Anna Bradford

15. Birthplace ind

16. Informant Mrs. Cleveland Jones

Address Newark ind.

17. B Date thereof 11/4/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Belling ind.

18. Funeral director Anna A. Belling

Address Belling ind.

19. 11-4 1948 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1948 at 5³⁰ P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to 1948 and that I last saw as Deputy Medical Examiner alive on 11/1/48

Immediate cause of death _____ DURATION _____

1 Hemorrhage

Due to Intest. canal injury Intest.

Due to Bullet wound

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of _____

Where did injury occur? E/26/49 aka (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. E. Victorius M. D. or other _____

Address Pocomoke City Md Date signed 11/1/48

RECEIVED

NOV 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11869

Reg. Dist. No. 350

1. PLACE OF DEATH

County Worcester
City or town Good Will
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? going through
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For new-born infants give residence of mother)
State Worcester County Worcester
City or town Good Will
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

James Thomas Jones

3. (b) Social Security Number

215-12-6465

4. Sex PM 5. Color or race W. 6. (a) Single, married, widowed, or divorced D.S.

6. (b) Name of husband or wife Beth Jones deceased

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 18th 1923

8. AGE: Years 25 Months 4 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Stockton, Md.
(Town, county, and state)

10. Usual occupation Merchant Seaman

11. Industry or business _____

12. Name John Jones

13. Birthplace Stockton Md

14. Maiden name Alice Tuttle

15. Birthplace Stockton Md

16. Informant The mother Alice Tuttle

17. Date of death Nov 5-48
(Burial, cremation, or removal, Which?) _____ (month) _____ (day) _____ (year)

Cemetery or crematory M P Cemetery

Location Portsmouth Md

18. Funeral director Henry H. Watson

Address Portsmouth City Md

19. Nov 9 19 48 Anne E White
(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5th 19 48 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5th 19 48 to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Broken neck, upper right DURATION Instant

rept leg

Due to Auto - back over with

a large tree.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of Nov 5-48

Accident, suicide, or homicide Good Will Worcester Md
Where did injury occur _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) on Public Highway

Means of injury Auto struck tree Injured at work? No

23. SIGNATURE N S Sartorius M.D.

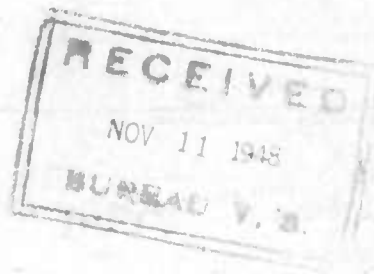
Portsmouth City Md Date signed 11/6/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Hedrich:

The attached certificate was delivered to me today by the assistant of Mr. Henry Watson. The reason for the delay as explained by Mr. Watson was due to the fact that the first certificate made up by him and carried to Dr. Sartorius was lost by the physician. Therefore, Dr. Sartorius made up an entirely new certificate at his own pleasure. The permit was issued as of today, Nov. 9th.

A. White, Registrar.

11/9/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11870

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County WorcesterCity or town Pocomoke City

(If outside city or town limits, write RURAL and give nearest town)

Street No. Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Norman J. Lewis

3. (b) Social Security Number

✓4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mabel Clark Lewis6. (c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) August 24 - 18908. AGE: Years 58 Months 3 Days 20 If less than one day hrs. min.9. Birthplace Lexis, Accomack Co.
(Town, county, and state)10. Usual occupation Cleaner11. Industry or business Cleaning & Dye Works12. Name Charles Lewis13. Birthplace Virginia14. Maiden name Pauline Wessels15. Birthplace Virginia16. Informant Miss Florence LewisAddress Pocomoke Md.17. Burial Date thereof Nov 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery St. John's BaptistLocation Pocomoke Md.18. Funeral director Henry H. WatsonAddress Pocomoke Md.19. Nov. 20 19 48 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1948 at 12:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/16/48 19 11 to 19 19 19and that I last saw him alive on 19 19 19Immediate cause of death Coronary DiseaseDURATION SuddenDue to deathDue to deathOther conditions death

(Include pregnancy within 8 months of death)

Major findings of operations deathDate of op. deathAutopsy results death

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide death Date of death

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) deathMeans of injury death Injured at work? death23. SIGNATURE Dr. J. E. Sartorius Sr.Address Pocomoke City Md. Date signed 11/17/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 20 1948

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

164 d

11871

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
 City or town near Berlin Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

m. Berlin MdHow long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town near Berlin, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

John Henry Lockwood

3. (b) Social Security Number

218-20-8857

4. Sex

male

5. Color or race

aa

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

11-1-'30

8. AGE:

Years

Months

Days

If less than one day

1801

hrs.

min.

9. Birthplace

Berlin, Worcester Co., Maryland
(Town, county, and state)

10. Usual occupation

Mechanics

11. Industry or business

Garage

MOTHER FATHER

12. Name

Henry Lockwood

13. Birthplace

Frankford, Delaware

14. Maiden name

Jana Foreman

15. Birthplace

Newark, Maryland

16. Informant

Mrs. Cecil Schofield

Address

Newark, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

near Chapel Hill - 4 - '48

Location

Newark Md

18. Funeral director

James F. Stewart

Address

402 E. Church St. Salisbury Md

19.

(Date rec'd by registrar)

19

48 Helen F. Hayward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 2

19

48 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 2

19

48

to

Nov. 2

19

48

and that I last saw him alive on

Nov. 2

19

48

Immediate cause of death

Knife wound of left chest and heart.

DURATION

Instant

Due to

Due to

Other conditions

Unimportant

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Homicide

Date of

Nov. 2, '48

Where did injury

near Berlin
(City or town)

County

Wor. (State)

Injured at home, farm, industry, public place (where?)

At Nat Casino

Means of injury

Homicide

Injured at work?

no

23. SIGNATURE

Sevensch, M.D. D.M.E.

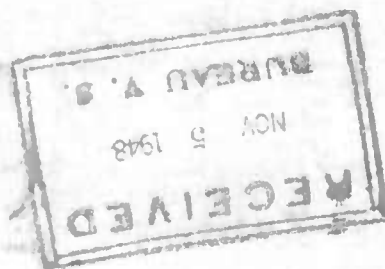
M. D. or other

Address

Snow Hill Md

Date signed

11/2/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

11872

353

1. PLACE OF DEATH:

County Worcester
City or town Selbyville Del. R.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Worcester
City or town Selbyville R.F.D. 2
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Linford M. Purnell

3. (b) Social Security Number

222-46-1451

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1929 6. (c) If alive, give age. years

8. AGE: Years 19 Months 1 Days 20 If less than one day hrs. min.

9. Birthplace Bishop, Md.
(Town, county, and state)

10. Usual occupation Labourer

11. Industry or business

12. Name Linford M. Purnell

13. Birthplace Whaleyville Md

14. Maiden name Linda Waples

15. Birthplace Del.

16. Informant Linda Waples Purnell

Address Selbyville, Del. R.D.

17. Burial Date thereof 11-23-48
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Rogers Cemetery

Location near Williamsville, Del.

18. Funeral director Henry W. Watson

Address Pockmark City, Md.

19. Nov. 21 48 Hub H. Roy Bergu
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 19 48 at 11:48 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 20 - 19 48, to Nov 20 19 48

and that I last saw him alive on Nov 20 19 48

Immediate cause of death Cholera

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James

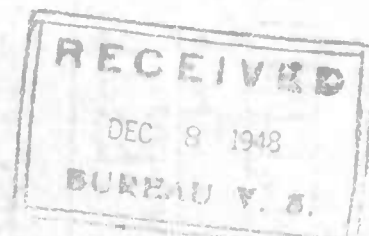
M. D. or other

Address Selbyville, Del. Date signed 11-21-48

MARGIN RESERVED FOR BINDING

VS-A15 9-4515M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: *Wicomico*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *50 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Wicomico*
 City or town.....*Snow Hill*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Seagle Rogers*
 4. Sex *Male* 5. Color or race *Caucasian* 6. (a) Single, married, widowed, or divorced *Widowed*
 6. (b) Name of husband or wife *May Rogers*
 7. Birth date of deceased (mo., day, yr.) *Sept. 3 - 1888* 8. (c) If alive, give age..... years
 8. AGE: Years *60* Months *2* Days *23* If less than one day..... hrs. min.
 9. Birthplace *Accomac Virginia*
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business *Fitting Factory*
 12. Name.....
 13. Birthplace.....
 14. Maiden name.....
 15. Birthplace.....

16. Informant *Alfred Rogers*
 Address *Snow Hill, Md*
 17. *Burial* Date thereof *Nov. 30/48*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *Baptist*
 Location *Snow Hill, Md*
 18. Funeral director *Clay C. Dunning*
 Address *Snow Hill Md*
 19. *11/30/48* *Reley Smith*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *November 26* 19..*48* at *6:00 P.* M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 1* 19..*48* to *Nov 26* 19..*48*
 and that I last saw him alive on *Nov 21* 19..*48*

Immediate cause of death..... DURATION
Arterio-sclerotic
cardio-renal disease *unknown*
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....*Paul Chen M.D.*
 Address.....*Snow Hill Md* Date signed *11/27/48*
 M. D. or other

RECEIVED

DEC 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

11874

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County..... Worcester
 City or town..... Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 8 years
 Hospital, institution, or street address where death occurred..... Trappe Rd. R.F.D.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Worcester
 City or town..... Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Trappe Rd. Berlin, R.F.D.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Ella May Strader

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jerome W. Strader

7. Birth date of deceased (mo., day, yr.)

Oct. 17, 1877

6. (c) If alive, give age

71

years

8. AGE:

Years

Months

Days

If less than one day

71

1

8

hrs.

min.

9. Birthplace

Fort Wayne, Allen Co. Ind.
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Eli Thomas

13. Birthplace

Ohio

14. Maiden name

Frances Herrick
 Ind.

15. Birthplace

JEROME W. STRADER

16. Informant

Address

Berlin, Md. R.F.D.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Nov. 28, 1948

(month) (day) (year)

Cemetery or crematory

Evergreen Cem.

Location

Berlin Md.

18. Funeral director

Address

Anna A. Burby
 Berlin, Md.

19. 11-28

19 49

Helen F. Hayward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 25 Nov..... 19 48 at 5 25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 Jan..... 19 47 to 25 Nov..... 19 48

and that I last saw him alive on 25 Nov..... 19 48

Immediate cause of death..... Carcinoma

the left breast, metastasizing with generalized metastasis

Due to.....

Osteochondroma of hip & metastasis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... mastectomy

Date of op. 1938

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Hermana. Rabby M.D.

Address..... 5 Bay St. Berlin, Md. Date signed 27 Nov 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11875
Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester Co
City or town Pocomoke City Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Worcester
City or town Pocomoke md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 100
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Addison Ward

3. (b) Social Security Number

4. Sex Male 5. Color or race cal 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Julia Ward
7. Birth date of deceased (mo., day, yr.) 1991 6. (c) If alive, give age years
8. AGE: Years 57 Months Days If less than one day hrs. min.

9. Birthplace Wardtown md.
(Town, county, and state)

10. Usual occupation Lottery

11. Industry or business

12. Name Turnell Ward
13. Birthplace unknown
14. Maiden name Sarah Callins
15. Birthplace unknown

16. Informant Julia Ward
Address Pocomoke city.

17. Burial Date thereof Nov 6 1948
(Burial, cremation, or removal, which) (month) (day) (year)
Cemetery or crematory St James Cem
Location Pocomoke md

18. Funeral director Brooks M. West
Address Salisbury md.

19. Nov 5 1948 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1948 at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to Nov 2 1948
and that I last saw him alive on Nov 1 1948

Immediate cause of death Brain Neoplasms DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

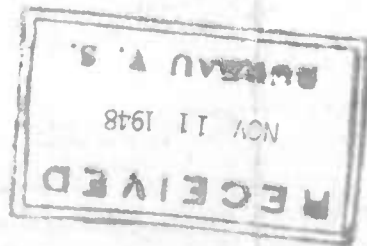
23. SIGNATURE J. G. Pickett M.D. M. D. or other

Anne E. White Date signed 11-10-48
Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1891
87
1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Pocomoke Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Heater Elizabeth Williams

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Riley Williams

7. Birth date of deceased (mo., day, yr.) July 8, 1871
 6. (c) If alive, give age 77 years

8. AGE: Years 77 Months 3 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name Isaac Redden
 13. Birthplace Maryland (Pocomoke)

14. Maiden name Sally unknown (Gordy)15. Birthplace Maryland (Snow Hill)

16. Informant Riley Williams Husband
 Address Pocomoke Md

17. Burial Date thereof Nov. 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shiloh CemeteryLocation Pocomoke, Md., R. F. D. #218. Funeral director H. Harvey BradshawAddress Pocomoke city, Md.

19. Nov. 7 1948 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1948 at 10.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Nov 5 1948
 and that I last saw him/her alive on Nov 5 1948

Immediate cause of death Arterio-sclerotic Hypertension
Cardio-renal disease DURATION unknown

Due to _____

Due to _____

Due to _____

Other conditions Arterio-sclerotic 1948

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul Owen M.D.Address Snow Hill Date signed 11/7

M. D. or other _____

Address _____ Date signed _____

11876

191a

350

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE FULLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

